PTOISMOS (1840)
Approved for ease through 7/31/2008, Ose 08/31/4002
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a colorior of information enters. It describes a finite for the

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | 70 035819 | | |
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| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | _ | . SMALL | ENTITY | ci R | | RTHAN BITTY |
| FOR | · | NUMB | NUMBER FILED | | MAKBER EXTRA | | RATE | PEE | | RATE | FEE |
| BASIC FEE D7 OFR 1.16(a | u) | | | | | | | 385.A | OR | | 1790.0 |
| TOTAL CLADE | 3 | | | | | | 25. | · | OR | × 50 . | |
| GOEPENDENT CLAMS | | | etus 3 a : | | • | | · 100 | | OR OR | ,200. | . |
| MAA TIPLE DEPENDENT CLAM PRESENT (07 OFR 1.16(d)) | | | | | | 1 | /80. | | OR | .360 | |
| * If the difference in column 1 is less than para, enter 'V' in column 2. | | | | | | | TOTAL | | OR. | TOTAL | |
| | | | | | | | | | - | IVING | |
| CLAIMS AS AMENDED - PART (I | | | | | | | | | | | |
| 668 | (Column 2) (Column 2) | | | | | | SWALLE | EVITTY | OR | | R THAN ENTITY |
| AF | . " | CLAMS EMAINING AFTER MENOMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE . | ADDI- TIONAL FEE | | RÀTE . | ADD)- TICHAL FEE |
| ₹ ar office | | 38 | Line . | - 38 | • / | | . 25 | - - | : | ×: 50 | |
| AMENDA COURT | | ガ | Minus | - 1 | | | /00 | | OR . | x:200 | • |
| FIRST PF | | MOTMETE | E 067801 | 907 CL JOS DO | R 1.164(3) | | 180 | | . OR | ************************************** | |
| | | | | | | | TOTAL | | OR | TOTAL | |
| · . | | | | | | | ADD'L FEE | | UH | ADD'L FEE | <u></u> |
| (Column 1) (Column 2) (Column 3) CLAMIS HIGHEST | | | | | |) (| | | j | | |
| OWENT OF TOTAL | 16 2 | EMAINING AFTER MENDMENT | : | MUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADOI- TIONAL FEE | | RATE · | ADDI- TIONAL FEE |
| Total | - | 38 | 'Mina | ~. <i>3</i> 8 | • | | .25 | | OR | × . 50 | |
| A CARGO CA | 1500 | 2 | Minus | " 3 · | | | · 100 | | OR . | × 200 | ••• |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (\$7 CFR 1.46(4)) | | | | | | | 180 | | OR | +.200 | |
| 2-6-06 | | | | | | | TOTAL O | | OR | TOTAL ADD'L FEE | |
| (Column 1) (Column 2), (Column 3) | | | | | | | | | | | |
| NTC | | CLAIMS EMAINING AFTER MENOMENT | | HIGHEST MUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TICHAL FEE | | RATE | ADDI- TIONAL FEE |
| N G TOU | | 38 | Minus | 38 | . 0 | | ··25 | 0 | OR | ×1.50- | |
| AM CENTRAL DATE OF THE PROPERTY OF THE PROPERT | | 2 | Minus | " 3 | . 0 | | · iOĐ | 0 | OR | × 200 | |
| FRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CPR 1.18(4)) | | | | | | | 4120 | 6 | OR | 260 | |
| <u> </u> | | | | | | | TOTAL ADDL FEE | . 0 | OR | TOTAL ADD'L FEE | |
| "If the entry in column 1 is less than dissuring in column 2 ratio "Vito column 2. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". The "Highest Number Previously Paid For" (Test) or "Highest Number I would be the previously Paid For and This SPACE is less than 2 enter 1. | | | | | | | | | | | |

This expense research reviews years or (1 our or meapending is the highest number found in the appropriate box in column 1. This coloration of information is required by 37 CFR 1.16. The information is required to ontain or settin a benefit by the public which is to fite fund by the USPTO to process) on application. Confidentistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 calculan to complete, including gathering, preparing, and extenditing the completed application form to the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing bits burden, should be eath of becoming Offices, U.S. Publish and Trademark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.